

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. **121**

Registered No. ....

## 1. PLACE OF BIRTH

County GilaState Ariz

Township .....

or Village .....

City Winkelman

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Julia Doyle

{ If child is not yet named, make supplemental report, as directed

3. 9If plural  
births

4. Twin, triplet, or other.....

6. Premature

7. Legiti.

8. Date of  
birth9/8/31

5. Number, in order of birth.....

Full term yes mate? yes9. Full  
nameJohn Edward Doyle

FATHER

18. Full  
maiden  
nameMary Guest

MOTHER

10. Residence (usual place of abode)  
(If nonresident, give place and State) Winkelman19. Residence (usual place of abode)  
(If nonresident, give place and State) Winkelman11. Color or race White12. Age at last birthday 41 (Years)20. Color or race Mestizo21. Age at last birthday 36 (Years)13. Birthplace (city or place) New Haven

(State or country)

Conn.22. Birthplace (city or place) Quincy

(State or country)

Ariz14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.No work15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.for over16. Date (month and year) last  
engaged in this work193217. Total time (years)  
spent in this work

OCCUPATION

23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.25. Date (month and year)  
last engaged in this work26. Total time (years)  
spent in this work27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn,  
period of gestation..... months  
or weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 336

(Born alive or stillborn)

on the date above stated

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) Fitz R. Winslow

M. D.

or

Midwife

Address

Filed Sept 19 1931

Registrar.

Given name added from

845-908-413

(Date of)

Registrar.